

(Check all that apply.)

Change purpose(s) of use

Change/transfer place of use

☐ Change point(s) of diversion/withdrawal

Mother (i.e. consolidation, intertie, trust water)

Explain: Irrigg to additional Acres

Add point(s) of diversion/withdrawal

Add purpose(s) of use

Water Resources Program Application for Change/Transfer of Water Right

For Ecology Use (Date Stamp)

DECEIVED

JUN 0 6 2013

DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 6-6-20/5

CHECK NO. 1485

DATE ACCEPTED 6

SEPA: EXEMPT D NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

CHANGE NO. C53-2

SPECIAL AREA

For filing with the Department of Ecology or with County Water Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION IF FILED WITH THE DEPARTMENT OF ECOLOGY

Applicant Information		
PPLICANT/BUSINESS NAME	PHONE NO. 509 796 489	FAX NO.
5/500 Devils Gan Rd E.		
Ford	STATE	ZIP CODE 99013
ONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
TTY	STATE	ZIP CODE
		1
EGAL LAND OWNER OF PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
ADDRES! Mr. Glenn Wollweber		
CITY 51500 Devils Gap Rd. F Ford, WA 99013	STATE	ZIP CODE

2. Water Right Inform	atior	1		X	Silo	mm	Wollweb	en.
WATER RIGHT OR CLAIM NUMBER S 3 - 25 15 0 DO YOU OWN THE RIGHT TO BE CHA			Пио	RES	CORDED N	NAME(S) Hutley	rian Brother and	Glein Wollwe
F NO, PROVIDE OWNER(S) NAME and	/			150	with	Spokar	o Hu Herian Broth	
HAS THE WATER BEEN PUT TO BENI								
Please attach copies of any docu Also, if you have a water system p	olan oi	conserva	tion pla					right was establis
A. Existing	1 4							
SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG#
Polono Rice		4 · · · ·	614	11	77	39E	27-39-016 10000	
POROIS RILL	, , , ,	. s. V. to	OL I	16	~ '	312	277707070000	/
3. Proposed								
OURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG#
	Dr. may						1.9	
OO YOU OWN THE EXISTING AND PREXISTING: YES 🔀 NO PROPOS							DNR	
Please include copies of all water section corner to the above point attachment. 4. Purpose of Use: A. Existing						ude that is	nformation in Item No. (
PURPOSE OF USE		* \	GPM	1 or CFS	ACR	E-FT/YR	PERIOD OF USE	
Tradio		15.	15.6 CFS		186	March-October		
My Pontion			4.0	O CFS	2 A	1FIAC)	
	1 0				-			
B. Proposed		3						
PURPOSE OF USE		GPM	GPM or CFS		E-FT/YR	PERIOD OF USE		
		4	4 CFS		8.2			
						ar .		
	grap - "							

5. Place of Use: A. Existing LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED: # OF ACRES SEC. TWP. RGE. COUNTY PARCEL# DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? X YES NO IF NO. PROVIDE OWNER(S) NAME: B. Proposed LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED: TWP. RGE. COUNTY PARCEL# # OF ACRES SEC. DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? X YES NO IF NO, PROVIDE OWNER(S) NAME: Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map. Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER? ☑ ES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): 6. Remarks and Other Relevant Information: Hutterian Brotheria

IF FOR SEASONAL OR TEMPORARY, START DATE ___/__ END DATE ___/___

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Applicant Printed Name - Title	NEBER Glern Wolly	(Date) 9/14/12							
GIENN WollweßE Water Right Holder Printed Name	R Glonn Wollw Water Right Holder Signature	(Date) 9/14/12							
GIENN WOLLWEBEN Land Owner of Existing Place of Use Printed No.									
GIENN WOLLWEBER Land Owner of Proposed Place of Use Printed N	Iame Land Owner of Proposed Place of Us								
Please check the region in which the proje	ect is located:								
*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400							
	☐ Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300							
WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):									
☐ ADDITIONAL SIGNATURE		IS INCOMPLETE							
☐ OTHER/EXPLANATION:_ STAFF:	DATE:	:							